2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 12, 2009
Secretary of State

DOCUMENT# P95000043488

Entity Name: OAKLAND PARK NURSING ASSISTANT TRAINING CENTER, INC.

Current Principal Place of Business:

404 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

404 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-0702119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUSTIN, ESTHER
404 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: FAUSTIN, ESTHER
Address: 404 W. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: SVD ( ) Delete
Name: DESLAURIERS, YVETTE
Address: 404 W. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: FAUSTIN, ESTHER
Address: 400 W. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: SVD (X) Change ( ) Addition
Name: DESLAURIERS, YVETTE
Address: 400 W. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTHER FAUSTIN PTD 11/12/2009

Electronic Signature of Signing Officer or Director — Date